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(PTO ASSISTANCE)

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*Query Check*

Application : <u>09/606433</u>	Examiner : <u>Seaman</u>	GAU : <u>1625</u>
From: <u>SSC</u>	Location: IDC <u>FME</u> FDC	Date: <u>2/15/2006</u>
Tracking #: <u>                    </u>		Week Date: <u>                    </u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
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<input type="checkbox"/> IIFW	_____	<input checked="" type="checkbox"/> <u>Fees</u>
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<input type="checkbox"/> DRW	_____	
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<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Please re-apply the issue fee to the most recent  
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[XRUSH] RESPONSE: None

INITIALS: RC

APR 25 2005

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7590

04/05/2005

**William B Kezer**  
**Townsend and Townsend and Crew-LLP**  
**Two Embarcadero Center 8th Floor**  
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4/26/2005 MBELETE2 00000062 201430 09606433  
 1 FC:8001 30.00 DA

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<b>Kimberly Rosa</b>	(Depositor's name)
<i>Kimberly Rosa</i>	(Signature)
<b>April 21, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/606,433	06/28/2000	Lawrence R. McGee	18761-002710US	6127

**TITLE OF INVENTION: COMPOUNDS FOR THE MODULATION OF PPARY ACTIVITY**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0 (previously paid)	07/05/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SEAMAN, D MARGARET M	1625	514-367000			

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).**  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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**2. For printing on the patent front page, list**  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Townsend and Townsend and Crew LLP**

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**  
**Amgen Inc.**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**  
**South San Francisco, California**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

☐ Issue Fee (previously paid)  
☐ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **20-1430** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Frank J. Mycroft*

Date **April 21, 2005**

Typed or printed name

**Frank J. Mycroft**

Registration No. **46,946**

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